U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

/2005 Through: 12/31/2005

Name SHOET MOTAL WORKERS LOCAL 16

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For ATROLUS	Ònly
(MAY~1 2006) '
E QUE DED	

1. File Number U - 7121

3. Name and address of person filing.

LOOKARD J. PHILLIAS

P.O. Box, Bldg., Room No., if any Po Box 4421

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Labor Organization File Number 035 - 340

P.O. Box, Building and Room Number, if any

Street		Street 2379 NE 178 12 AUG Suite 16		
City Tualation State ORPGON		City PORTCAINS State ORBBOAN ZIP Code + 4 97230-57		
State ORPGON	ZIP Code + 49706 2	State OR 660013 ZIP Code + 4 97230-57		
State ORPTON ZIP Code + 49706 Z State ORPTON ZIP Code + 4 97230-53				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (incl	luding trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		7.b. Amount.		
City				
State	ZI.º Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Name of Person Filing	File Number U -
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	•
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name INTERNATIONAL TRAINING INSTITUTE	NATIONAL JATE CONTOST COMMITTO ROTMBORSOMONT
Name IN Exercised Training Institutes for SHOOT MOTAL & ATRION STORAGE IN GREATER	Committee Rojubossomon
Trade Name, if any:	for travel exposes &
P.O. Box, Bldg., Room No., if any	m bot mays
Street 601 N FAIRFAX ST, Souto 240	11.b. Approximate dollar value of such dealing. 624.93
City ALEXANDER	12.a. Nature of interest held or income received.
State VIRGINIA ZIP Code + 4 22314	
Unglass	Bernston I for land express

C. Received from any employer or from any labor relations consultan		
13.a. Name and address of Employer of (including trade name, if any).	or Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.

Name of P:son Filing	File Number U-	
B. Held an iterest in or derived income or economic benefit with monetary value from a business (1) a substaintia lant of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an emptier whose employees your labor organization represents or is actively seeking to represent or (2) any part which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing withyour labor organization or with a trust in which your labor organization is interested.		
8. Namie amaddress of Business (including trade name, if any)	9. Business deals with:	
Name	a Labor Oscarination	
Trade Nam, if any:	a. Labor Organization	
P.O. Box, £dg., Room No., if any	c Employer	
Street	· · · · · · · · · · · · · · · · · · ·	
City		
State ZIP Code + 4		
10. If 9.b. oi9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name INTERNATION TO TRAINING INSTITUTE FOR SHEET METAL & AIR CONDITIONERS INCLUSING Trade Name if any: P.O. Box, Blg., Room No., if any	Committee	
Street 601 N. FRILFAX ST. Suits 240	50	
	11.b. Approximate dollar value of such dealing 12.a. Nature of interest held or income received.	
City AloxAdria State Virginia ZIP Code + 4 ZZ314	12.a. Nature of interest held or income received. Committee Consulting for NATOWAL JATE CONTOST	
	12.b. Amount. 1800	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any.		
P.O. Box, Bldg., Room No., if any		

14 b. Amount of payment.

ZIP Code + 4

or Consultant

2

13.b. Is the Business an Employer

Street

City

State